

Homeowner Assistance Claim (for income received in 1999)

2000

9000

STEP AName,
address,
and
social
security
number

Use the peel-off label. Otherwise, please print or type.

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER				
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER				
PRESENT HOME ADDRESS - NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE						PMB NO.	APT. NO.
CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE							

STEP BFiling
Status

- 1. Are you a United States citizen? Check "Yes" or "No" . . . • 1.** ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- 2. Benefit Eligibility for Noncitizens • 2a.**
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States,
enter your alien status code from the chart on page 19 on
line 2a. Then complete line 2b and line 2c.
(example: 0 7/2 1/1 9 7 0) **• 2b.**
• 2c.
- 3. Enter your date of birth .(example: 05/12/1922) . . . • 3.**
- 4. Check the appropriate box if you were **one** of the following on December 31, 1999:**
- | | | | |
|--------------------------------------|-----|--------------------------|-----------------------|
| A. 62 years or older | • A | <input type="checkbox"/> | <input type="radio"/> |
| B. Under 62 and blind | • B | <input type="checkbox"/> | <input type="radio"/> |
| C. Under 62 and disabled (not blind) | • C | <input type="checkbox"/> | <input type="radio"/> |
- See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.*

STEP CProperty
InformationComplete
line 5
through
line 7.

- 5. Did you own and live in your home on December 31, 1999 . . . • 5.** ☐ YES ☐ NO
If "No," stop. You do **not** qualify for homeowner assistance.
- a. Enter the FULL value of your property** (after subtracting your homeowner's or veteran's exemption). See page 8 . . . • 5a. \$ _____
- 6. Is your property used for rental and/or business as well as personal use? . . . • 6.** ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 8 . . . ▶ 6a. _____ %
- 7. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 8.**
- | | |
|-------------------------------|--|
| Name _____ Relationship _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name _____ Relationship _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name _____ Relationship _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
- Enter your percentage of ownership . . . ▶ 7.** _____ %

Did this person live in
your home in 1999?

STEP D1999 income
of you and
your spouse

On line 8 through line 15 enter your total household income for the 1999 calendar year. If you are married, include your spouse's income. On line 17, enter the total income of other household members.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement	8.		
9. Interest and/or Dividends	9.		
10. Pensions and/or Annuities	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 (full year total)	11.		
12. Rental Income (or Loss). See page 9	12.		
13. Business Income (or Loss). See page 9 (full year total)	13.		
14. Gain (or Loss) from sale of assets. See page 10	14.		
15. Other Income (including wages). See page 10	15.		
16. SUBTOTAL. Add line 8 through line 15	16.		

STEP E1999 Income of
other household
members

17. Income of Other Household Members in 1999. See page 10. Do not include your income or the income of your spouse, minors, students, or renters	17.		
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STEP F1999 Total
household
income

18. SUBTOTAL. Add line 16 and line 17	18.		
19. Adjustments to Income. See page 11.	19.		
20. TOTAL HOUSEHOLD INCOME IN 1999. Subtract line 19 from line 18 • 20. If line 20 is more than \$33,993, stop. You do not qualify.	20.		

STEP GProperty tax
paid and
homeowner
assistance
claimed

21. PROPERTY TAX FOR 1999/2000 ○ • 21. DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. See page 11. Attach a copy of your 1999/2000 property tax bill.	21.		
You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you.			
22. Homeowner assistance claimed (cannot exceed \$326.40). See page 12	22.		

STEP HSignature,
date, and
telephone
number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number (optional) () _____

Paid
Preparer's
Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡	FEIN		
			TELEPHONE ()

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